

**Declaration for  
Utility or Design  
Patent Application**

**Attorney Docket Number:** CAPR-1030-PA  
**First Named Inventor:** Rasor  
**Application Number:**  
**Filing Date:** November 7, 2000  
**Group Art Unit:**  
**Examiner Name:**

**Declaration Submitted After Initial Filing**

**As a below named inventor, I hereby declare that:**

**My residence, post office address, and citizenship are as stated below next to my name.**

**I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:**

Method and Apparatus for Co-Application of Gases and Drugs to Potentiate Their Action in Relieving Headaches, Angina, and other Ailments

**the specification of which was filed**

November 7, 2000

**I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.**

**I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations Section 1.56.**

**I hereby claim benefit under Title 35, United States Code Section 119(e) of the following United States provisional applications:**

No. 60/164,125  
No. 60/185,495

filed November 8, 1999  
filed February 28, 2000

**I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.**

**Name of Inventor:** Ned S. Rasor

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**Citizenship:** United States

**Date:** \_\_\_\_\_

**Signature of Inventor:** \_\_\_\_\_

